


<b>CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)</b>			Docket No. <b>2004B009</b>
Applicant(s): <b>Eric R. Smith et al.</b>			
Application No. <b>10/774,316</b>	Filing Date <b>February 6, 2004</b>	Examiner <b>Sang Wook An</b>	Group Art Unit <b>1732</b>
Invention: <b>Reduced Cuffing In Blow Molding Processes</b>			
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<p>I hereby certify that this <u>      <b>Resp. under 37CFR 1.111, Transm.of IDS, Form 1449 (39pgs including cover)</b>      </u> <i>(Identify type of correspondence)</i></p> <p>is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>      <b>571-273-8300</b>      </u>)</p> <p>on <u>      <b>August 28, 2006</b>      </u> <i>(Date)</i></p> <p style="text-align: center;"><u>      <b>Lorrie L. Rubio</b>      </u> <i>(Typed or Printed Name of Person Signing Certificate)</i></p> <p style="text-align: center;"> <i>(Signature)</i></p> <p style="text-align: center;">Note: Each paper must have its own certificate of mailing.</p>			

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PTO/SB/21 (08-04)

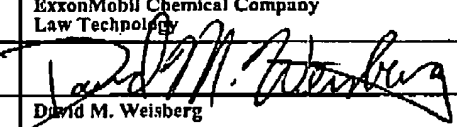
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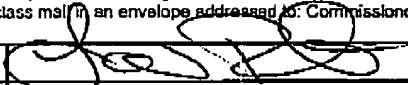
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/774,316	
	Filing Date	February 6, 2004	
	First Named Inventor	Eric R. Smith	
	Art Unit	1732	
	Examiner Name	Sang Wook An	
Total Number of Pages In This Submission	38	Attorney Docket Number	2004B009

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ENCLOSURES (Check all that apply)		
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Firm Name	ExxonMobil Chemical Company Law Technology	
Signature		
Printed name	David M. Weisberg	
Date	August 28, 2006	Reg. No. 57,636

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Signature			
Typed or printed name	Lorrie L. Rubin	Date	August 28, 2006

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL  
for FY 2006**☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT (\$)** **\$180.00****Complete if Known**Application Number **10/774,316**Filing Date **February 6, 2004**First Named Inventor **Eric R. Smith**Examiner Name **Sung Wook An**Art Unit **1732**Attorney Docket No. **2004B009**

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**METHOD OF PAYMENT (check all that apply)**

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Deposit Account Number: **05-1712** Deposit Account Name: **ExxonMobil Chemical Company**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or any underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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**FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
<b>Multiple Dependent Claims</b>		
	Fee (\$)	Fee Paid (\$)

**Total Claims**      **Extra Claims**      **Fee (\$)**      **Fee Paid (\$)**  
 \_\_\_\_\_ - 20 or HP = \_\_\_\_\_ x \_\_\_\_\_ \$50.00 = \_\_\_\_\_ \$0.00  
 HP = highest number of total claims paid for, if greater than 20.  
**Indep. Claims**      **Extra Claims**      **Fee (\$)**      **Fee Paid (\$)**  
 \_\_\_\_\_ - 3 or HP = \_\_\_\_\_ x \_\_\_\_\_ \$200.00 = \_\_\_\_\_ \$0.00  
 HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listing under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

**Total Sheets**      **Extra Sheets**      **Number of each additional 50 or fraction thereof**      **Fee (\$)**      **Fee Paid (\$)**  
 \_\_\_\_\_ - 100 = \_\_\_\_\_ / 50 \_\_\_\_\_ (round up to a whole) x \$250.00 = \_\_\_\_\_ \$0.00

**4. OTHER FEE(S)**

Non-English specification, \$130 fee (no small entity discount)  
 Other (e.g., late filing surcharge): IDS Statement

**Fee Paid (\$)**  
**\$180.00**

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	57,636	Telephone	281-834-0599
Name (Print/Type)	David M. Weissberg		Date	August 28, 2006	

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